

Career Assistance Program (CAP) Questionnaire

As a participant in CAP please take a few minutes to answer the questions below as completely as you can. We will review all of the answers to see if there are things we can change in our office; however, you may have comments or suggestions which we cannot do because of a federal or state law. We will also send a copy of this questionnaire to state administration of this program so they can determine if there are things they can change to make the program better. If you are not clear on what a question is asking, please let us know and someone will help you.

1. Why are you in the Career Assistance Program (CAP)?

2. How did you find out about CAP?

3. What is the purpose of CAP?

4. What are you required to do in CAP?

5. What did your case manager tell you about CAP?

6. Did your case manager help you with a plan to get a job? *(circle)* Yes No
If yes, do you feel like you can complete this plan?

7. Have you received services or benefits through CAP? *(circle)* Yes No
If yes, what are those services or benefits?

8. If you have received services or benefits, how has this helped you?

9. Are there services or benefits not offered currently that could help you become employed or keep employment if they were offered?

10. Have you had any successes from participating in the CAP? *(circle)* Yes No
If yes, please explain.

11. Have you had any problems participating in the CAP? *(circle)* Yes No
If yes, please explain.

12. If you could change the CAP, what would you do?

13. List any other comments.
